

## Anthem Extras Packages

### Membership and Billing Change Request Form

**Forward Completed Change Request form to:**  
Anthem Blue Cross and Blue Shield  
POB 5028  
Denver, CO 80217-5028

Telephone: 877-453-5644  
Fax: 877-238-1107  
E-Mail: extras@wellpoint.com

**Please print. Please complete in blue or black ink only.**

**Important:** To be eligible for this coverage, the applicant must be 65 years of age or older.

<b>Section A – Applicant Information</b> This information is used for internal purposes only and will not be shared with any third party			
Select the appropriate boxes to indicate any changes being requested to applicant information			
<input type="checkbox"/> <b>Name Change</b> <input type="checkbox"/> <b>Name Correction</b> <input type="checkbox"/> <b>Social Security Number Correction</b> <input type="checkbox"/> <b>Address Change</b>			
<input type="checkbox"/> <b>Phone Number Change</b> <input type="checkbox"/> <b>Email Address Change</b>			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Social Security Number</b>
<b>Address</b> Select address type: <input type="checkbox"/> <b>Primary Address</b> <input type="checkbox"/> <b>Billing Address</b> <input type="checkbox"/> <b>Alternate/Vacation Home</b> (list street address and/or P.O. Box below)			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>County</b>		<b>Date of Birth (MM/DD/YY)</b> ____ / ____ / ____	
<b>Daytime Phone Number</b> (    )	<b>Evening Phone Number</b> (    )	<b>Cellular Phone Number</b> (    )	<b>E-Mail Address</b>
<b>Do you currently have coverage through Medicare Advantage or Medicare Advantage with Prescription Drug?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> – If yes, list Identification Number _____ and Plan Number _____			
<b>Section B – Request to Cancel Coverage</b> - Only complete this section to cancel your current Anthem Extras Package coverage without selecting a replacement plan.  Please list the date you would like to <b>cancel</b> your coverage: _____ / _____ / _____ (MM/DD/YY)  List the <b>reason</b> for cancellation: <input type="checkbox"/> Premium/Rates <input type="checkbox"/> Service <input type="checkbox"/> Coverage replaced <input type="checkbox"/> Subscriber is deceased  <input type="checkbox"/> Other – please explain: _____			
<b>Section C – Request to Change Package Selection</b> Complete this section to change from one Anthem Extras Package plan to another.  Please choose the date you would like to change your package selection: _____ / _____ / _____ (MM/DD/YY)  Please select the new plan you wish to purchase: <input type="checkbox"/> <b>Standard Package</b> <input type="checkbox"/> <b>Premium Package</b> <input type="checkbox"/> <b>Premium Plus Package</b> <input type="checkbox"/> <b>Premium Plus Dental Only</b>			

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**Section D – Request to Change Billing Frequency**

Please list the date you would like to change your billing frequency: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY)

Select your new billing frequency:  Monthly  Quarterly  Semi-Annually  Annually

**Section E – Request to Change Payment Method**

**IMPORTANT: The future date you list below must be at least 30 days after the date you submit this change request.**

Please list the future date you would like to change your payment method: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY)

**Paper Statement** (To be mailed to the address listed above in Section A)

**Automatic Bank Draft** (Complete section below)\*

**\*Automated Bank Draft (To request automatic premium withdrawals from your bank account)**

Your premium will be deducted on the same day of the month as your assigned effective date. You **MUST** attach a **BLANK** voided check to begin the automatic draft.

*I authorize Anthem Blue Cross and Blue Shield to initiate premium deductions from the checking account indicated and the designated financial institution to debit the same account. I understand that this authorization is in effect until I notify Anthem in writing that I no longer desire this service, allowing them reasonable time to act upon my notification. I understand Anthem and my financial institution have the right to discontinue the withdrawals at their discretion.*

**Policy holder's name (please print)**

X

**Policy holder's signature** (include legal authorization, if other than the policy holder)

X

**STAPLE**  
Blank, voided check here

**STAPLE**  
Blank, voided check here

**Section F – Policy Holder Signature and Date Authorizing Changes** Please sign and date below to authorize your requested changes. Include legal authorization, if other than the Policy Holder.

**Signature**

\_\_\_\_\_

**Today's Date**

\_\_\_\_\_

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.